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EDITOR'S MISCELLANY



NURSING CARE OF THE GREAT MIDDLE CLASS.—MISS SOPHIA F. PALMER in discussing the question of nursing care for the great middle class at the Portland conference said in part:—

“The question of nursing care for the great middle class is an economic one, a question of supply and demand. When the time comes that there are more nurses for the rich than the rich require, and that all of the nurses in the world cannot be sure of commanding from \$18 to \$30 per week for their services, they will be compelled to accept the more moderate fee which the middle classes are able to pay.

“More than that, there is an awakening responsibility of an ethical and professional character becoming manifest in the great nursing body and with standards of education established largely through the influence of nursing organizations and state registration, nurses are beginning to feel that the care of the poor and the great middle class are to become a professional responsibility for nurses, in exactly the same way and degree that it is a professional obligation for the physician.

“In other words, nurses in the future will abandon the fixed charge of say \$25 per week and will make their fee according to the circumstances of the person for whom they are working—for one man \$5 and for another \$100. This change will come without aid from philanthropists or district nursing associations but as a matter of evolution.”

THE MOVEMENT FOR MORAL PROPHYLAXIS.—A definite initial stage may be said to have been reached in what promises to be an important movement in this country, in a meeting October 12, of the Society of Sanitary and Moral Prophylaxis at the New York Academy of Medicine. The work accomplished by the parent French society of the same name was presented by Dr. E. L. Keyes, Jr., and the nature, scope and character of the agencies that should provide education in matters relating to the sex functions were discussed by Dr. Prince A. Morrow, Dr. Keyes, the Rev. Dr. Lyman Abbott, Dr. Luther R. Gulick, of the Board of Education, and Dr. P. M. Balliet, dean of the School of Pedagogy of New York University.

All speakers bewailed the mystery and ignorance prevailing, concerning this subject. There was, however, a general consensus of opinion that the social vice and the diseases resulting from it are very prevalent; that ignorance is largely to blame for this, and hence education by the proper agencies is the most effective remedy; that parents are the best teachers of these subjects to their children, and that they are often condemning their children to lifelong misery by a false modesty concerning this most delicate subject; that individual instruction begun before the age of puberty is absolutely the most useful, but that students in the secondary schools and especially young men in colleges can be benefited by a good book or good lecture dealing with the subject in a frank, but wholesome way.

The meeting was well attended, and there was evidence of general co-operation from those who feel a concern for the higher physical and ethical life of the people.—*Charities*.

FEEDING AND DRAINING THE INTESTINE THROUGH LAPAROTOMY WOUND.—The *Journal of the American Medical Association*, quoting from *Deutsche Medicinische Wochenschrift*, says: "For five years von Stubenrauch has been supplying nourishment to certain laparotomy patients by injecting a nourishing fluid into the intestine while it is exposed during the laparotomy. He reviews the drawbacks of nutrient enemata and the frequent lack of absorption, and then describes his experience in fifteen cases in which he drew a loop out of the laparotomy wound, choosing one a yard or more from the seat of operation and while it was outside the abdomen he punctured and evacuated its contents, substituting them with a quart of milk containing the yolks of eggs, salt, sugar and other ingredients. No mishap occurred in any case, and the patients were thus nourished from the start, without taxing the stomach or wasting time on nutrient enema. This injection stimulates peristalsis, which is liable to be more or less inhibited by the operation. He is careful not to stimulate it too much, and for this reason avoids large amounts of sugar, alcohol and salt in the fluid introduced. A very much debilitated patient is prepared by rectal injection of a solution of sugar and salt in small amounts repeated several times during the day, or by subcutaneous saline infusion or subcutaneous injection of olive oil. During the laparotomy, about a quart of the intestine food is introduced, and afterward a pint of saline solution is poured into the abdomen and a quart is injected subcutaneously. Nothing is allowed by the mouth during the first twelve hours, but the mouth is rinsed

out occasionally. After twelve hours, tablespoonfuls of cold tea are given and after the second day milk, etc., several times during the day in small amounts. In cases requiring artificial feeding for only a few days, he sutures the loop of the intestine to the abdominal wound so that food can be introduced directly into the intestines as needed, but if the artificial feeding has to be kept up for some time he makes a fistula according to the Witzel, Albert or Maydl technic. This suturing of the intestinal loop to the lips of the wound has proved a life-saving measure in several cases of ileus, allowing gradual evacuation of the gases and fluid intestinal contents, through a metal cannula. He covers the exposed intestine with a disinfecting paste. He describes his technic in detail and cites a number of cases which have established its benefits."

INTESTINAL ANTISEPSIS: ITS THEORY AND APPLICATION.—The *Alkaloidal Clinic* says: W. C. Abbot claims for intestinal asepsis the reduction of the number and potency of the pathogenic bacteria in the intestine by the use of appropriate remedies, not the rendering of the canal entirely aseptic, a thing that is manifestly impossible. The debris of ingested food becomes, in deranged conditions of health, a nidus for the growth of germs. In most acute diseases food is not assimilated, the body chemistry is deranged, and the intestine becomes full of fermenting material ready for the growth of germs. Poisons are absorbed along the course of the intestine, and produce their toxic effects. Constipation causes this fermenting mass to remain in the bowels, or a part is rejected, leaving plenty behind in the folds and pockets of the intestine. The first thing to be done to render the intestine less septic is to remove as much as possible of the contained material, by the use of moderate doses of calomel. This at the same time stimulates the intestine and the liver, and causes the peristaltic action of the bowel to be encouraged. A saline is then given, causing an excess of serum to be poured out, and the stomach and intestine are made clean for the action of the sulphocarbolates, which are inimical to all germs, while at the same time not harmful to the most delicate membranes. Those used are the sulphocarbolates of zinc, lime, and soda, separately, or in combination. Under their use hyperpyrexia lessens, tympanites and foul tongue pass away. Digestive and febrile diseases of all kinds should be treated in this way. The sulphocarbolate of zinc may be given one grain, repeated every half hour or two hours, gradually increasing to 5 grains at each dose. Even two drachms in 24 hours may

be taken without harm. When they have had the desired effect the stools are no longer black from bismuth combined with the sulphocarbonate, but take on a gray and then a normal brown color. The zinc is more astringent and antiseptic, the soda more antacid while chronic cases with cachexia find the lime salt act as a tonic nutrient. The sulphocarbonates are very soluble, and hence are most useful. Assimilation soon begins to improve, and the microscope fails to find bacteria in the stools. Absorption occurs, not of poisons, but of properly digested foods. Opiates and anodynes in such cases only lessen the pain and do not do away with the poisoning.

HIGH INJECTION INTO THE INTESTINES.—The *Journal of the American Medical Association*, in an abstract of a paper in *Berliner Klinische Wochenschrift* says: "Years of experience have confirmed von Aldor's previous announcements in regard to the great benefit to be derived from injections carried high into the bowels. He uses a soft Nélaton sound, like a stomach tube, and guards against its rolling up at the sigmoid flexure by digital examination. The patient lies on the left side. Experiments with tubes coated with bismuth in a mixture of oil, glycerin and gum arabic showed that the tubes actually made their way into the higher parts of the gut, as could be seen by the *x*-rays. He gives two illustrations, one showing the wrong way to introduce the tube and its rolling up in the ampulla, the other showing the right way and the course of the tube as it reached the higher regions. The walls of the intestines can be treated just where desired through the tube, and medicated fluids introduced. When the fluid is injected without a tube, most of it accumulates in the lower bowel and very little, if any, finds its way to the higher regions. High injections of Carlsbad water have proved exceedingly useful in certain cases.

TREATMENT OF OBESITY IN CHILDREN.—Orgler recommends potatoes and fluids in abundance with avoidance of fat and sauces. An obese boy on these restrictions lost ten pounds in the course of a month. The nitrogen balance was kept up on nitrogen taken in excess.

